



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 2664

Bib Data Sheet

SERIAL NUMBER 10/730,109	FILING DATE 12/09/2003  RULE	CLASS 016	GROUP ART UNIT 3677	ATTORNEY DOCKET NO. T2357-906303US02
-----------------------------	---------------------------------------	--------------	------------------------	--

## APPLICANTS

Peter A. Greenlee, Washington, DC; *ay*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/059,229 01/31/2002 ABN  
which is a DIV of 09/439,341 11/15/1999 PAT 6,378,925 *ay*  
which is a CIP of 08/949,206 10/10/1997 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *ay*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>G. J. Jackson</i> <i>ay</i> Examiner's Signature Initials	DC	7	14	2

## ADDRESS

181  
MILES & STOCKBRIDGE PC  
1751 PINNACLE DRIVE  
SUITE 500  
MCLEAN, VA  
22102-3833

## TITLE

Hand grip orthosis

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	--